



DARTH ORCANIZATION

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HARAS STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)						
PART I LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
Ogawa	Shavon	E.	521-4215			
MAILING ADDRESS (Street)			FAX			
1188 Bishog	St., Ste.	3108	545-8369			
(City)	(State)		Code)			
Honolulu	41	96	96813			
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a business	s entity which has been retained to lobby)	TELEPHONE			
MAILING ADDRESS (Street)			FAX			
(City)	(State)	(Zip	Code)			

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not ab		TELEPHONE			
Hanaii Association of No	urse Anesthetists	(808) 332-0127			
MAILING ADDRESS (Street)		FAX			
P.O. Box 888		(808) 332 -0127			
(City) (Sta	te) (Zip 0	Code)			
Kalaheo H	96	141			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGAN	IZATION'S EXPENDITURES STATEMENT	TELEPHONE			
		TELEPHONE			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGAN Lobert T. Oga MAILING ADDRESS (Street)		TELEPHONE			
Robert T. Oga	w~				
Robert T. Oga MAILING ADDRESS (Street)	wa ove				

Agriculture Education Human Services Science, Technology & Economic Development Communications & Gevernment Operations & Intergovernmental Relations, International Affairs Consumer Protection & Hawaiian Affairs Consumer Protection & Health Planning, Land & Water Use Management Ecology, Energy Environmental Protection PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. Alara C Gignature of Lobbyist) PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President NAME OF ORGANIZATION (if applicable) TELEPHONE TELEPHONE I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. A Advustable of Close of the September of Management of Management of Control of the Undersigned. A Advustable of Close of Control of	PART III DESCRIPTION O	<u>F SUBJECTS UPON WHICH Y</u>	OU EXPECT TO LOBBY		
Public Utilities Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Culture, Arts, Historic Preservation Ecology, Energy Environmental Protection Housing Public Safety & Corrections Part IV CERTIFICATION OF LOBBYIST I hereby cartify that the information furnished above is, to the best of my knowledge, correct and complete. Housing PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED I have by authorize the above - named person to engage in lobbying activities on behalf of the undersigned. A Moundamen, CLNA — Researce 11/24/04	Agriculture	Education	Human Services	Science, Technology & Economic Development	
Culture, Arts, Historic Preservation Ecology, Energy Environmental Protection PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. Housing PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME OF ORGANIZATION (if applicable) MAILING ADDRESS (Street) Thereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. A Woushamer, ANA — Respect 11/24/04				Tourism & Recreation	
Preservation Ecology, Energy Environmental Protection Public Safety & Corrections PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. Lason Logaure (Signature of Lobbyist) PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Logaure I Logaure TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President NAME OF ORGANIZATION (if applicable) See page MAILING ADDRESS (Street) I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. A Moundamen, CNA - Resident 11/24/04	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
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A Doughamen, CRNA - PRESIDENT 11/26/04	(City)	(State)	(Zip Code)		
Mouskamen, CRNA - PRESIDENT 11/26/04 (Signature of Authorizing Officer or Person Represented) (Date)	I hereby authorize the ab	ove - named person to engage	in lobbying activities on behalf o	of the undersigned.	
(Date)	A Douskamen.	CRNA - PRESIDEN	11/26/04	/	
	(Signature of Auth	orizing Officer or Person Represented) (Date	9)	